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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 4452-0150PUS1	
Application Number 10/506,781-Conf. #	7702	Filed	March 25, 2005
For LIVESTOCK BRUSHING DEVICES			
Art Unit 3643		Examiner	J. D. Holman
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ \$
First month extension already paid October 23, 2006. \$330,00 enclosed for second month only.			·
X Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 330.00
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
X A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to			
Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of record. Regi		43,368	
attorney or agent under 37 CFR	1 34		
Registration number if acting under			
Jane M. Slatter	2 8360	Novem	ber 17, 2006
Signature			
Paul C. Lewis Typed or printed name			205-8000
Typed or printed name  Telephone Number  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 forms are submitted			

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